

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<b>Best Available Copy</b>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	<i>H-5</i>	<i>866</i>	<i>07-13-01</i>
	<i>Request</i>	<i>925</i>	<i>11-13-01</i>

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- = ..... Allowed
- L (Through numeral) ... Canceled
- ÷ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*820*  
*10/13/01*  
*858*  
*11/14/01*